

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN2101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  10/04/2010
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, SMITHVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 825 FISHER AVE P O BOX 549 SMITHVILLE, TN 37166		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the State Building Standards.</p> <p>The findings include:</p> <p>(1) Observation of the kitchen's dry storage room on 10/4/10 at 9:27 AM, revealed the ceiling's plaster was loose from the ceiling. Tennessee Department of Health 1200-8-6-.08(2)</p> <p>(2) Observation of the kitchen's chemical room on 10/4/10 at 9:35 AM, revealed a water stain ceiling tile. TDOH 1200-8-6-.08(2)</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 10/4/10.</p>	N 832	<p>Maintenance Supervisor will remove all loose plaster from the ceiling and repaint the ceiling. On October 5, 2010, we replaced ceiling tiles in the kitchen's chemical room. Maintenance Supervisor will visually check ceilings in kitchen for stain and loose plaster once a week for one (1) month and once a month for three (3) months.</p>	10/22/10

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0899

ZNNE21

If continuation sheet 1 of 1